

# Wisconsin DRIVER REPORT OF ACCIDENT

**DO NOT COMPLETE** this Driver Report of Accident if a law enforcement officer completed a Wisconsin Motor Vehicle Accident Report.

**COMPLETE** this Wisconsin Driver Report of Accident if:

- There was \$1000 or more damage to any one person's property  
- OR -
- Anyone was injured  
- OR -
- There was \$200 or more damage to government property, other than vehicles.

MV4002 8/2001 s.346.70(2), Wis. Stats.

Wisconsin Department of Transportation

**Please provide all requested information. Print clearly.**

1. You are "Unit 1".
2. An individual involved in the accident must sign the report.
3. Provide all information on the other driver(s)/owner(s) involved. Incomplete reports may be returned requesting missing information. If you need assistance, contact your insurance agent, local law enforcement agency, or the DOT Traffic Accident Section at 608-266-8753.
4. Use the "Narrative" and "Diagram" sections to explain how the accident happened.
5. If more space is needed, use plain paper and attach to this report.

Retain a copy of this report for your records before mailing.

**Mail completed report to address shown below.**

**Important** - Please print your return address:

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**TRAFFIC ACCIDENT SECTION  
WISCONSIN DEPT OF TRANSPORTATION  
P O BOX 7919  
MADISON WI 53707-7919**

# WISCONSIN DRIVER REPORT OF ACCIDENT

**CONTINUE ONLY ...if there was \$1000 or more damage to any one person's property,  
OR ...if anyone was injured,  
OR ...if there was \$200 or more damage to government property, other than vehicles.**

(See instructions on reverse side  
before completing - Please Print).

Hit and Run Accident? <input type="checkbox"/> YES		<b>ACCIDENT LOCATION</b>	County of	City, Village or Township of	<b>ACCIDENT DATE</b>	Month	Day	Year	Day of Week	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM
Total Units Involved	Total Injured *		Name and Number of Street(s) or Highway or Parking Lot								

**TYPE OF ACCIDENT** (Please check one) ☐ 1 Hit another motor vehicle in operation ☐ 2 Hit a parked vehicle ☐ 3 Hit a deer ☐ 4,5 Hit a bicyclist or pedestrian ☐ 9 Other

<b>UNIT 1</b>	Driver Full Name (Last, First, MI)	Sex	Address	Birth Date	City & State	Zip Code	Daytime Phone Number ( )	Driver License Number	Issuing State	Vehicle Legally Parked <input type="checkbox"/> YES	Operating a commercial vehicle? <input type="checkbox"/> YES	If yes, circle appropriate classification A B C	Owner Full Name (Last, First, MI)	Address	City & State	Zip Code	Daytime Phone Number ( )	License Plate Number	Exp Yr	Issuing State	Vehicle Make	Year	Color	Vehicle Identification Number	Was a motor vehicle liability insurance policy in effect on the day of the accident? <input type="checkbox"/> NO <input type="checkbox"/> YES	Policy Holder's Name	Exact Name of Insurance Company
<b>UNIT 2</b>	Driver Full Name (Last, First, MI)	Sex	Address	Birth Date	City & State	Zip Code	Daytime Phone Number ( )	Driver License Number	Issuing State	Vehicle Legally Parked <input type="checkbox"/> YES	Operating a commercial vehicle? <input type="checkbox"/> YES	If yes, circle appropriate classification A B C	Owner Full Name (Last, First, MI)	Address	City & State	Zip Code	Daytime Phone Number ( )	License Plate Number	Exp Yr	Issuing State	Vehicle Make	Year	Color	Vehicle Identification Number	Was a motor vehicle liability insurance policy in effect on the day of the accident? <input type="checkbox"/> NO <input type="checkbox"/> YES	Policy Holder's Name	Exact Name of Insurance Company

**\*INJURED Important** - Number of injuries reported must equal number entered in "Total Injured" box above. For additional injuries, provide the information on a separate piece of paper and attach. **Injury Codes: A=Severe, B=Moderate, C=Minor**

Unit No.	Name (Last, First, MI)	Address	City & State	Zip Code	Sex	Birth Date	Injury Code
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<b>VEHICLE DAMAGE</b>	<b>Unit 1 - Important</b> - Circle the numbers closest to the damaged areas. Damage Estimate (Required) \$		<b>Unit 2 - Important</b> - Circle the numbers closest to the damaged areas. Damage Estimate (If Known) \$	
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**PROPERTY DAMAGE** Describe what was damaged. Property damage includes structures, trees, fences, towed items, etc. Do NOT include vehicle damage.

Property Owner Full Name (Last, First, MI)	Address, City, State & Zip Code	Daytime Phone Number ( )
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<b>NARRATIVE</b> Print a brief description of the accident.	<b>DIAGRAM</b> Draw a basic picture of the accident and location. Indicate North by putting an arrow in the circle.
X <b>(Signature Required)</b>	